

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to 1-15-03\* 02-263

Kristen Smith  
Eager Broadcasting  
58 Skyline Crest  
Monterey, CA 93940

2. Article Number (Copy from service label)

0023 0771 1910

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-4-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☐ Agent☒ Addressee

D. Is delivery address different from item 1?

☐ Yes

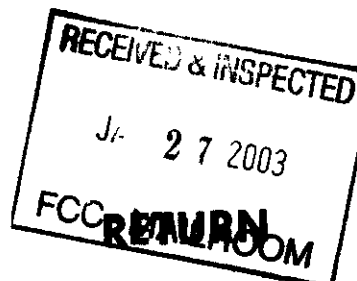
If YES, enter delivery address below:

☒ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 02-263

**CERTIFIED  
MAIL  
RECEIPT**

ORDER DATED <u>01-15-03</u>
DA <u>03-151</u> FCC
MIMEOGRAPH NO.

**REQUESTED**

NAME: Kristen Smith  
Eager Broadcasting  
58 Skyline Crest  
Monterey, CA 93940

C. R. R. NO.

BY .....

## U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ <u>60</u>	<div data-bbox="1183 1530 1505 1764" data-label="Image"> </div>
Certified Fee	<u>2.30</u>	
Return Receipt Fee (Endorsement Required)	<u>1.75</u>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <u>4.65</u>	

Name (Please Print Clearly) (to be completed by mailer)

KRISTEN SMITH

Street, Apt. No., or PO Box No.

58 SKYLINE CREST

City, State, ZIP+4

MONTEREY, CA 93940

0761 1220 0771 1910